

Wisconsin EMS Scope of Practice EMT-Paramedic

This level of EMS provider has successfully completed a program of training based upon the WI EMT-Paramedic Curriculum, and has successfully completed the department's testing requirements. Individuals must hold a valid WI license with an approved EMS Service to practice at this level.

AIRWAY / VENTILATION / OXYGENATION
Airway – Lumen (Non-Visualized)
Airway – Nasal (Nasopharyngeal)
Airway – Oral (Oropharyngeal)
Bag-Valve-Mask (BVM)
Chest Decompression – Needle
CPAP **
Cricoid Pressure (Sellick)
Cricothyrotomy – Surgical/Needle
End Tidal CO ₂ Monitoring*
Gastric Decompression – NG Tube
Intubation - Lighted Stylet*
Intubation – Medication Assisted (non-paralytic)*
Intubation – Medication Assisted with paralytics (RSI)** (Requires 2 Paramedics Patient Side)
Intubation – Nasotracheal
Intubation - Endotracheal
Manual Airway Maneuvers
Obstruction – Forceps (Direct Visual)
Obstruction – Manual
Oxygen Therapy - Nebulizer
Oxygen Therapy – Nasal Cannula
Oxygen Therapy – Non-rebreather Mask
Oxygen Therapy – Regulators
Pulse Oximetry*
Suctioning – Tracheobronchial
Suctioning – Upper Airway (Soft & Rigid)
Ventilators **

CARDIOVASCULAR / CIRCULATION
ECG Monitor
12 Lead ECG*
Cardiopulmonary Resuscitation (CPR)
CPR Mechanical Device**
Cardioversion – Electrical
Valsalva
Defibrillation – Automated / Semi-Automated (AED)
Defibrillation – Manual
Hemorrhage Control – Direct Pressure
Hemorrhage Control – Pressure Point
Hemorrhage Control – Tourniquet
Transcutaneous Pacing
Trendelenberg Positioning

All skills are mandatory unless otherwise indicated and requires an approved protocol

** Optional use by service*

**** Optional use by service and Requires:**

- *Prior written approval of the Operational Plan by the State EMS office and*
- *Medical Director approval and*
- *Documentation of additional training*

REMINDER: Personnel must be trained & competent in all equipment that is used by the service

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EMT-Paramedic

IMMOBILIZATION
Selective Spinal Immobilization **
Spinal Immobilization – Assessment Based
Spinal Immobilization – Cervical Collar
Spinal Immobilization – Long Board
Spinal Immobilization – Manual Stabilization
Spinal Immobilization – Seated Patient (KED, etc.)
Splinting – Manual
Splinting- Pelvic Wrap/PASG*
Splinting – Rigid
Splinting – Soft
Splinting – Traction
Splinting – Vacuum*

MEDICATIONS
HFS 112.04(4)b2. Administration of additional medications approved by the department based on recommendations of the emergency medical services board under s. 146.58, Stats., the EMS physician advisory committee under s. 146.58 (1), Stats., and the State EMS program medical director under s. 146.55 (2m), Stats.
<i>A sample list of commonly approved medications may be obtained through the Bureau of Local Health Support & EMS</i>

All skills are mandatory unless otherwise indicated and requires an approved protocol

* *Optional use by service*

** *Optional use by service and Requires:*

- *Prior written approval of the Operational Plan by the State EMS office and*
- *Medical Director approval and*
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IV INITIATION / MAINTENANCE / FLUIDS
Blood/ Blood Products (Maintenance only)**
Colloids **
IV Solutions- D5W, Normal Saline, Lactated Ringers
Intraosseous – Initiation
Peripheral – Initiation
Maintenance – Medicated IV Fluids**

MEDICATION ADMINISTRATION - Routes
Aerosolized/Nebulized
Auto-Injector
Endotracheal Tube (ET)
Intramuscular (IM)
Intraosseous (IO)
Intravenous (IV) Piggyback
Intravenous (IV) Push
Oral
Rectal
Subcutaneous (SQ)
Sub-lingual (SL)

MISCELLANEOUS
Assisted Delivery (childbirth)
Blood Glucose Monitoring
Blood Pressure – Automated*
Eye Irrigation
Initiation of IV at Central Line Port**
Thrombolytic Therapy – Monitoring**
Venous Blood Sampling – Obtaining*
Vital Signs
Patient Physical Restraint Application

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